

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NM OIL CONS. COMMISSION
Drawn SUBMIT IN TRIPI TE*
(Other instructions
y side 88210

Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 22637
2. NAME OF OPERATOR Pearson-Sibert Oil Co. of Texas		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 901 West Missouri Avenue, Midland, TX 79701		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310' FN&EL's Section 27, T-10-S, R-30-E		8. FARM OR LEASE NAME R. V. S. - Federal
14. PERMIT NO. Permit Dated 9-20-84		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4093' GR		10. FIELD AND POOL, OR WILDCAT Wildcat
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, T-10-S, R-30-E
		12. COUNTY OR PARISH Chaves
		13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Drilling Operations</u> <input checked="" type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

9-28-84

Drilling at 655'.

9-29-84

Drilling at 2,048'.

9-30-84

Drilling at 2,848'. 3 to 4 minutes per foot.

10-01-84

Drilling at 3,078'. Viscosity 32, mud weight 10.6 lbs., ph 7.

18. I hereby certify that the foregoing is true and correct

SIGNED <u>Robert D. Felling</u>	TITLE <u>Vice President</u>	DATE <u>10-01-84</u>
(This space for Federal or State use only)		
APPROVED BY <u>PETER W. CHESTER</u>	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY: OCT 10 1984		

*See Instructions on Reverse Side

ARTSIA, OFFICE
O. C. D.
OCT 12 1984
RECEIVED BY

RECEIVED

OCT 15 1984

NOV 1 1984